Tell Us What You Think

ADS inc
AUBURN DIVERSITY SERVICES

We value your comments and suggestions for improving our service so please tell us what you think and give this form to your Support Worker or any Auburn Diversity Services Inc. staff person or place in the Suggestion Box at the office

Are you a

- ☐ Service User
- ☐ Family Member / Representative
- ☐ Staff Member
- ☐ Staff Member on behalf of a Service User
- ☐ Other

Name (Optional) _____ **Date** _____

Manager / CEO to Complete

Date Received: _____

Action Plan (Completed by Improvement Committee)	**Who**	**By When**	**Date Completed**

Closure

Evaluation (If appropriate, describe how action/improvements were evaluated and the result)

_____

_____

_____

_____

Outcome or End Result (Tick applicable boxes)

☐ Issue resolved - no improvements implemented

☐ Improvement implemented

☐ Other, please specify _____

_____

Closed Out / Complete

Signature (Manager / CEO) _____ **Date:** _____